



15750 US PTO

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10/776142Atty. Dkt. No. 089339-0387
2004P02168**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Michael Troy Winslett, et al

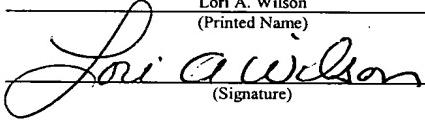
Title: EXTENDED ROTARY
HANDLE OPERATOR

Appl. No.: Unknown

Filing Date: 02/11/04

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL 979073046 US (Express Mail Label Number)	2/11/04 (Date of Deposit)
_____ Lori A. Wilson (Printed Name)  (Signature)	

**UTILITY PATENT APPLICATION
TRANSMITTAL**

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Michael Troy Winslett
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W. Dale Robbins
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Enclosed are:

- Specification, Claim(s), and Abstract (12 pages).
- Formal drawings (5 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8).
- Declaration and Power of Attorney (4 pages).
- Assignment of the invention to Siemens Energy & Automation, Inc..

[X] Assignment Recordation Cover Sheet.

[X] Check in the amount of \$40.00 for Assignment recordation.

[X] Information Disclosure Statement.

[X] Form PTO-1449 with copies of 21 listed reference(s).

[X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	= \$770.00
Total Claims:	20	-	20 = 0	x \$18.00	= \$0.00
Independents	3	-	3 = 0	x \$86.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$290.00	=	\$0.00
			SUBTOTAL:	=	\$770.00
[]			Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
			TOTAL FILING FEE:	=	\$770.00

[X] A check in the amount of \$770.00 to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 02-11-04

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By



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